



WASHINGTON STATE
Department of Social and Health Services

A Plan

*Toward an integrated system of delivery for Washington
State's Department of Social and Health Services*

2004 to 2009

**Agencywide Strategic
Planning Highlights**

Dennis Braddock
Secretary
August 30, 2002

DSHS **State Advisory Committee**

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Paul G. Allen Foundation

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Kyle Yasuda, MD
Pediatrician, Seattle

The DSHS State Advisory Committee was appointed by Secretary Braddock in November 2001 to facilitate discussion among members of Washington's business community, medical providers, educators, and a variety of community leaders about the state of human services.

Along with feedback from clients and other DSHS stakeholders, input from this group was used to assist in developing the department's Strategic Plan for 2004-2009.

Department of Social and Health Services

Dennis Braddock, Secretary*
Liz Dunbar, Deputy Secretary

Aging & Adult Services Administration

Kathy Leitch, Assistant Secretary

Children's Administration

Rosalyn Oreskovich, Assistant Secretary

Economic Services Administration

John Atherton, Assistant Secretary

Health & Rehabilitative Services Administration

Tim Brown, Assistant Secretary

Juvenile Rehabilitation Administration

Cheryl Stephani, Assistant Secretary

Management Services Administration

Ken Harden, Assistant Secretary

Medical Assistance Administration

Doug Porter, Assistant Secretary

* **Office of the Secretary** oversees Internal Quality, Communications and Strategic Partnerships, Loss Prevention and Risk Management, Integration Initiative, Information Services, Legislative Relations, Constituent Services, Financial Management, and Victim/Witness Notification.

Our Mission

To improve the quality of life for individuals and families in need.

We will help people achieve safe, self-sufficient, healthy and secure lives.

About the Strategic Plan



Dennis Braddock
Secretary

*– Presenting a DSHS
Performance award to Valerie
Marshall, Foster Care Recruitment
Specialist in Spokane*

I'm pleased to report on the progress the Department of Social and Health Services has made in establishing direction for the coming years.

This plan was prepared as a formal part of our funding request for the upcoming cycle, but represents much more than a planning document. The goals and objectives summarized in the pages ahead represent the culmination of hundreds of public comments and a variety of community conversations held throughout the state in 2002.

Underlying the objectives outlined in this plan, I've set seven priorities to guide daily management of the department. I believe each of these is critical to the 1.3 million people each year who rely on the department and its services. For some of these residents, DSHS resources are their only option.

For the coming biennium, I am personally committed to:

- ▲ Improving client health and safety
- ▲ Improving client self-sufficiency
- ▲ Improving accessibility and integration of services
- ▲ Improving quality assurance
- ▲ Coordinating prevention and care
- ▲ Improving financial performance
- ▲ Improving development of the DSHS workforce
- ▲ Promoting diversity in business partnerships

I want to thank the many residents of this state, members of the business community, and the many elected officials who helped us with our strategic planning process.

As with all living documents, this plan continues to be a work in progress.

We will continue to receive input as we work with our elected officials and members of the public in the months ahead to redefine – in the economic environment we face – our social service agenda.

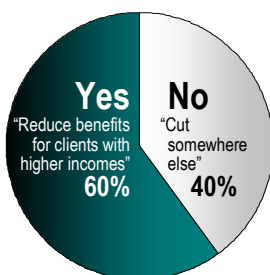
More details about the agency's request-level budget – as submitted to the Office of Financial Management August 30, 2002 – are available on the Web at www1.dshs.wa.gov/budget.

A handwritten signature in black ink, appearing to read 'Dennis Braddock'.



Q: Should we reduce Medicaid benefits to clients with higher incomes to control rising health care costs?

Public response



Our Planning Process

Given the magnitude of the state budget shortfall and shifts in social policy taking place across the nation, Secretary Dennis Braddock felt it was very important to invite community partners and stakeholders to participate in the discussions of budget challenges and strategic planning of DSHS.

In May 2002, Secretary Braddock held three stakeholder meetings where hundreds of participants voiced their concerns on program reductions and provided valuable feedback on their priorities. Members of the public were also invited to provide comments through the agency's Web site.

The feedback we received indicated that the majority of our partners and stakeholders considered these as the top priorities:

- ▲ **Children's Services** – Included in this category are child protection, family preservation, foster care, parenting skills, and child care.
- ▲ **Health Care** – This includes medical assistance for children, senior citizens, low-income families, and people with disabilities.
- ▲ **Prevention and Education** – Mentioned in this category are prevention and treatment of child abuse and neglect, Adult Day Health Program, outpatient intervention, education for parents, and prevention and treatment of mental conditions.

One of the questions asked was whether we should reduce Medicaid benefits for clients with higher incomes to control rising health care costs. About 60 percent of the responses were "Yes." Those who said "No" offered alternatives:

- ▲ State revenue needs to be increased to support what are already inadequate health assistance services.
- ▲ We should educate people to remain healthy, live a healthy lifestyle, and allow them to use alternative medicine.
- ▲ Medicaid benefits and medical assistance services should be provided to children, persons over age 65, and persons with permanent unemployable disabilities, where available supporting income is lower than 150 percent of the established poverty level.

Concurrent with agencywide stakeholder efforts, individual programs also worked with their constituencies and partners, soliciting statewide input. The feedback was useful in the development of program level plans. Statewide program planning efforts included:

- ▲ **Town Meetings** – At which clients, vendors, local representatives, and the general public had an opportunity to voice their opinions.
- ▲ **Advisory Committees** – Meetings at which providers, community leaders, and department management came together to develop strategies for interests they held in common.
- ▲ **Focused Surveys** – Targeting those areas where the department would most like to improve services, such as treatment alternatives, barriers to access, and cross-program collaboration.

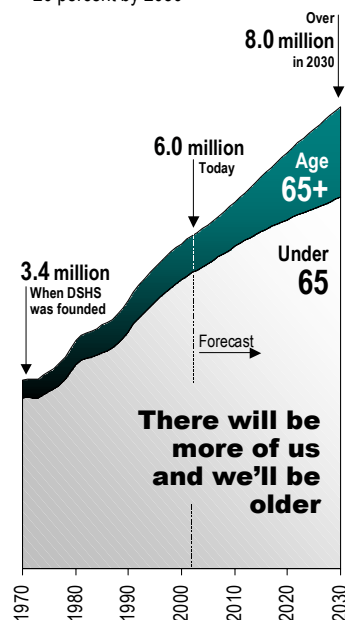
WASHINGTON STATE

Population Growth

One of many challenges

More senior citizens. . .

- 9 percent of the total population in 1970
- 11 percent today
- 20 percent by 2030



Agency

Challenges

More information about DSHS services is available at: <http://www.wa.gov/dshs>.

How do we. . .

- ▲ Better integrate services?
- ▲ Prevent child abuse, neglect?
- ▲ Help people leave welfare?
- ▲ Respect independence?
- ▲ Protect our elderly?
- ▲ Stop drug addiction?
- ▲ End the cycle of poverty?
- ▲ Continue what we do well?
- ▲ Decide who keeps services?
- ▲ Finance medical programs?
- ▲ Restore public trust?

Serious Times Ahead

The social/economic context around us

Demographic Trends

The latest forecast of the state population predicts general population growth rates of 1.1 percent for FY 2004 and 1.1 percent for FY 2005. Increases in the number of persons in selected age groups will place new demands on social services within Washington State. An aging state population and advanced – and oftentimes unaffordable for the poor – medical technologies have resulted in a growing number of persons living with chronic illness, cognitive impairments, and functional disabilities who require assistance.

Client Characteristics

Numerous changes in family circumstances and work life have reduced the capacity of family caregivers to meet the needs of children and elders. This has caused an increasing demand for improvement and expansion of the state's child care and long-term care systems to support and complement the work of informal caregivers. On the other hand, while children's foster care caseload remains stable, the Adoption Support caseload is forecasted to increase by 11.6 percent through FY 2003, and the per capita cost is forecasted to increase by 8.6 percent in the same period.

Weak Economy and Lean Budget

The severity of the state's economic crisis threatens the viability of social service programs that help many needy families, children and vulnerable adults. To achieve budget reductions, we have recently closed some of our field offices and institutions, and reduced the workforce. It is clear that we will no longer be able to provide the level and scope of services and supports that we have in the past. Tough decisions are being made to prioritize and restructure our business functions.

National Health Policy and Medicare Reform

Economic recession has resulted in the loss of health insurance along with jobs. The combination of tax cuts, economic downturn, and military investments has left very limited amounts for increasingly costly health care expenses. There is very strong public support and a broad political consensus on the need to implement a Medicare prescription drug benefit. However, pronounced political differences, technical complexities, and high cost factors interfere with congressional action on this measure.

Financial Challenges

Rapid growth in Medicaid enrollment has been matched in recent years by substantial rises in Medicaid costs. While the federal government covers about half of these total costs, the state's share has been rising as much as a half billion dollars a biennium, with the most dramatic increases felt in the state's pharmaceutical costs. Today, the cost of funding our medical assistance program from all sources represent a full 14 percent of the state budget. Medical costs alone – across all state agencies – accounted for 45 percent of the growth in the last biennium. Currently, there is no relief on the horizon to alleviate these costs.

Agencywide Planning

Themes

Goals

The eight strategic goals identified in the chart shown are critical in accomplishing our mission especially in the current environment.

Perspectives

These goals represent our long-term emphasis in each of the five perspectives of the Balanced Scorecard:

Learning and Growth –

Through **workforce development** and **partnerships with diverse communities**, the department will be able to increase capacity in leadership and sponsorship to carry out our work plans at all levels.

Internal Process –

When equipped with a well-trained workforce and sustainable leadership, the department can prepare for future challenges and **ensure the quality** of services through continuous quality improvements.

Social Cost –

With better-coordinated **prevention and care** activities among different programs, we should reduce future social costs. Strengthening our financial management system can also improve our ability to optimize limited resources.

Customer Perspective –

It continues to be the department's top priority to make our **services more integrated and accessible** to our clients, especially when they need services from several different programs.

Public Value and Outcome –

A productive society requires a healthy population and safe environment. It is our goal to assist our clients to **maintain health and safety, and achieve self-sufficiency** so they can be productive members of our society.

During the process of identifying our strategic goals, we have been guided by four themes that define the organizational direction of the department:

Service Integration

- ▲ Improve access to services, especially for clients who require services from multiple programs.

Collaborative Partnerships

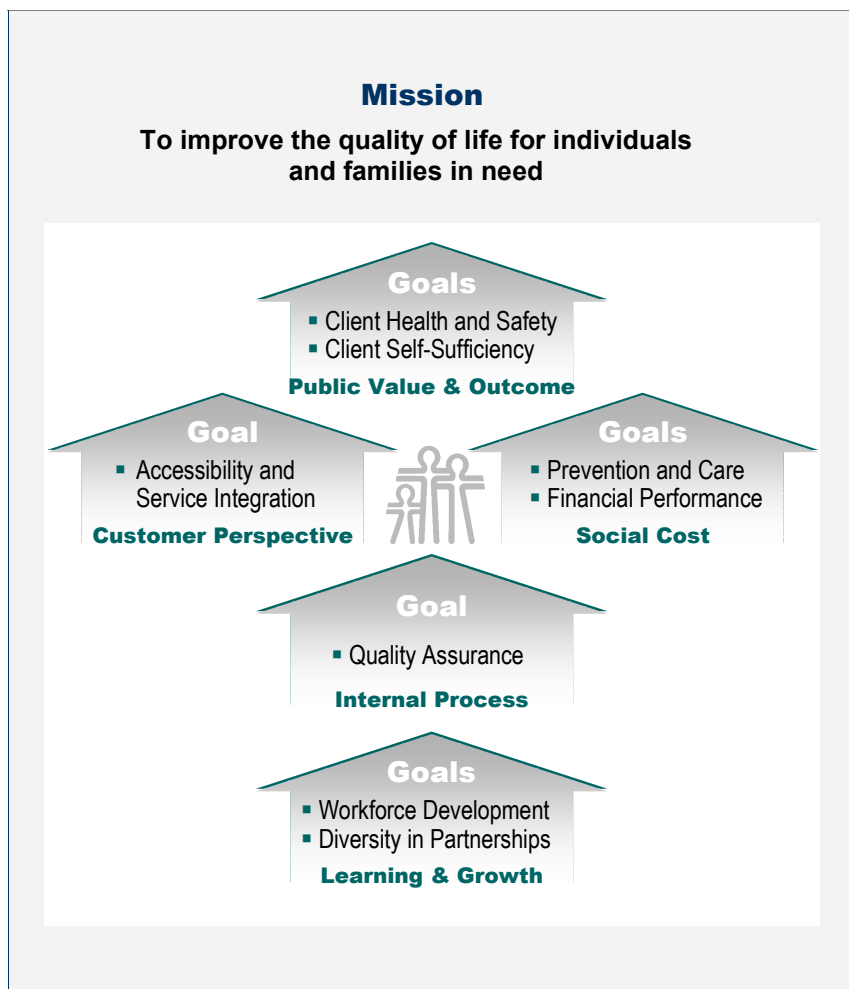
- ▲ Strengthen partnerships with local governments, non-profit and for-profit organizations, and communities.

Prevention and Care

- ▲ Control the increase in future social and health care costs by promoting prevention and care.

Workforce Development

- ▲ Enhance human resources development by implementing succession planning, leadership programs, and mentoring programs.



2003
2005

Short Term Strategies

Protecting Services to the Most Vulnerable

While our mission and goals have not changed, the state's current social and economic situation requires us to focus our energy on allocating scarce resources to the most vulnerable.

Fiscal priorities in the face of reductions are to:

- ▲ Ensure that – regardless of funding outcomes – the department continues to focus on core services, emphasizing prevention and treatment, and protecting its most vulnerable clients.
- ▲ Wherever possible, use federal and other sources of available funding to the maximum extent possible.
- ▲ Maintain accountability and regain public trust for every dollar the department spends.

Improving Access to Social Services

DSHS has initiated a number of improvement efforts designed to improve service delivery and better integrate services so the public finds “no wrong door” when they seek the help they need.

This means:

- ▲ Redesigning our service delivery system to establish a DSHS presence in the neighborhood, and make it easier for customers to do business with DSHS.
- ▲ Improving communications and cooperation between the various administrations of DSHS to assure persons with multiple service requirements get the services they need.
- ▲ Achieving, where possible, technological improvements and doing a better job of training our employees.



Agency Perspective

July 2002

“The one thing we can say for certain is that the future will be different.”

The reality as stated by a member of the DSHS management team in the context of the strategic planning process

Sustaining and Improving the Department's Business Infrastructure

The department is taking a hard look at the opportunities for – and the benefits of – management reorganization and fiscal savings throughout the department. While the delivery of services is paramount to the residents of this state, we are also looking for every opportunity we can to reinvest in the department's aging technological infrastructure.

This includes:

- ▲ Upgrading key DSHS payment and information systems such as the Medicaid Management Information System (MMIS), the Automated Client Eligibility System (ACES), the Social Service Payment System (SSPS).
- ▲ Developing better case management information systems for services delivered by the department to persons with developmental disabilities.
- ▲ Complying with federal requirements such as the Health Insurance Portability and Accountability Act (HIPAA), which must be implemented between now and 2005.

The department is also in the process of:

- ▲ Streamlining its administrative support functions, with particular emphasis on improving and standardizing its financial management policies throughout the agency. This will include reviewing and – where appropriate – improving the business practices of our regional field operations.

Continuing Stakeholder Involvement in Setting Priorities

Throughout the strategic planning and budget development process, we have actively recruited stakeholder input and have integrated this feedback into the agency's funding request for 2003-05. Though difficult times are ahead, part of our collective challenge is to reconcile public expectations for program expansions that have historically occurred with the constraints we must all live within today.

- ▲ DSHS will continue the community conversation and solicit public ideas on how to better deliver social services to the residents of this state.
- ▲ Assertively furthering the community conversation to better understand the challenges before human services and identify options to improve the lives of people living in Washington State.

2004
2009

The Long Term Horizon

Looking Ahead With Realistic Goals and Expectations

Over the long term, the strength of social services will rest in the hands of two individuals – the one who at any moment in time is at the front end of delivery, and the person on the receiving end who benefits from the vast array of services the state provides. Both reside in a society dependent on a sustainable health and human services infrastructure.

Depending on circumstances, the person at the front end of delivery may be an elementary school teacher, a police officer, a pharmacist, or a DSHS employee. The person on the receiving end may be a child, an innocent bystander protected from a dangerous individual, someone benefiting from the safety net provided 24 hours a day for those emergencies when we can't otherwise help ourselves, or an elderly person in a care facility.

Front-line employees, together with their managers, have worked together to define long-term goals and objectives for social service delivery in Washington State. Stakeholder input has been received to improve these strategies. Highlights of the department's plan to deliver these services are contained in the pages that follow.

A Closer Look

Program Level Highlights



Created in 1970 to unify social and health services within state government, the Department of Social and Health Services is Washington State's umbrella agency for people who turn for help in times of need.

The Department serves 1.3 million people a year, about one in five state residents. For these, Washington's aid is direct and tangible. But for the remaining 4.7 million residents, the state provides benefits we might not instantly recognize, like:



- ▲ Protection from those who are dangerous.
- ▲ A medical and financial system all of us can rely on when we can't rely on ourselves.
- ▲ Work training and job supports for businesses.
- ▲ Licensing and monitoring systems for child care centers, adult family homes, and other caregivers to ensure safe, quality services.
- ▲ Twenty-four hour support, 365 days a year for persons in crisis.

Public response

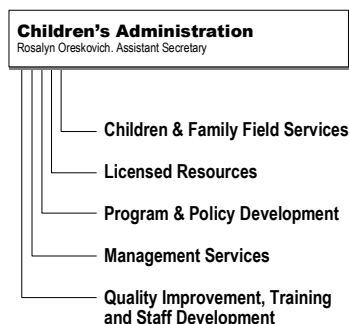
August 2002

"Human services are intricately interconnected and interdependent. If one service is cut, all services suffer."

For budgeting purposes, the department distinguishes between ten primary spending categories. Organizationally, six of these stand alone as single administrations: **Aging and Adult Services Administration**, **Children's Administration**, **Economic Services Administration**, **Juvenile Rehabilitation Administration**, **Medical Assistance Administration**, and **Administrative Support Services** (which oversees information systems, payments to other agencies, and executive and infrastructure functions).

The other four are rolled into one administration – **Health and Rehabilitative Services Administration** – which includes the divisions of **Alcohol and Substance Abuse**, **Developmental Disabilities** (includes Deaf and Hard of Hearing), **Mental Health** (includes the state's Special Commitment Center), and **Vocational Rehabilitation**.

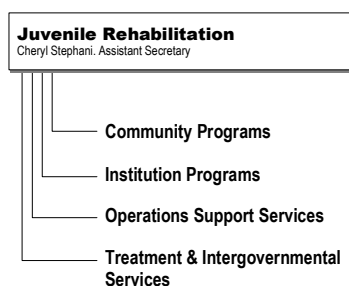
Children's Administration



The Children's Administration - along with community partners - is making an aggressive effort to implement long-lasting changes to achieve better safety, permanency, and well being for children and families. The Kids Come First Action Agenda is the cornerstone for improving services and partnerships within the six-year plan. Priorities of the administration are:

- ▲ Children are first and foremost protected from abuse and neglect and safely maintained in their homes whenever possible and appropriate.
- ▲ Children have permanency and stability in their living situations.
- ▲ Families have enhanced capacity to provide for their children's needs.
- ▲ Children in placement receive adequate services and have educational and developmental achievements appropriate to their abilities.
- ▲ The administration and our partners continually work to enhance the capacity to achieve better outcomes for children and families.

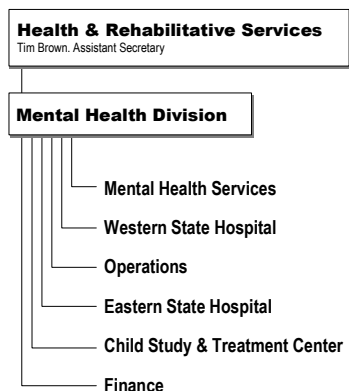
Juvenile Rehabilitation Administration



The Juvenile Rehabilitation Administration protects the public, holds juvenile offenders accountable for their crimes, and reduces criminal behavior through a continuum of preventive, rehabilitative, and transition programs in residential and community settings. About 60 percent of the 1,300 youth committed to the administration annually are chemically dependent. About 50 percent need mental health services. Over the next six years, the administration will focus on:

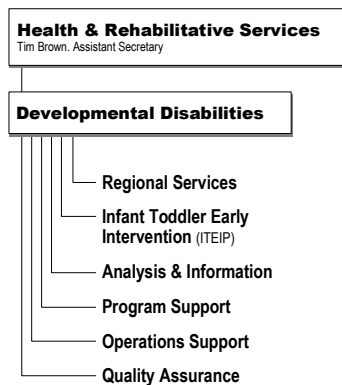
- ▲ Implementing an Integrated Treatment Model based on Cognitive Behavioral Treatment principles for youth in residential care using research-based interventions proven to reduce repeat offenses.
- ▲ Integrating family focused case management approaches for youth returning to the community.
- ▲ Meeting the needs of youth with mental health issues and developing capacity to assist these youth in managing their mental illness.

Mental Health Division



The mental health system strives to take the best practices that private managed care has to offer and combines those with the core values of the publicly funded mental health system. This ensures access to services that meets individual needs in the most responsive and cost effective manner. Over the next six years, the Mental Health Division will focus on:

- ▲ Increasing consumer involvement in treatment and system management.
- ▲ Promoting practices that support consumers in their recovery.
- ▲ Coordination of services across systems.
- ▲ Outcome-based performance measurement.



Public response

June 2002

"Please don't let the mentally ill fall through the cracks and have to seek treatment in the hospitals, emergency rooms and the jails. That will cost much more financially, socially and emotionally to the community."



Program 040

Division of Developmental Disabilities

The Division of Developmental Disabilities endeavors to make a positive difference in the lives of persons eligible for services through quality supports and services that are individual and family driven, stable and flexible, satisfying to clients and their families, and tailored to individual needs. Supports and services ensure clients can make informed decisions about their care and that their choices provide optimum opportunities for success.

Recent reviews by federal and state entities have identified concerns about caseload ratios and the division's ability to adequately support those eligible for services, as well as meet federal requirements for service delivery and generate accurate information.

A wide range of strategies is now underway to address concerns, focused on:

- ▲ Strengthening accountability in managing resources and meeting federal requirements.
- ▲ Increasing functionality of the division's information technology system so accurate data is available to those who need to make decisions.
- ▲ Ensuring that clients' health and welfare needs are met through quality service delivery.

Programs 030, 040

Other Health and Rehabilitative Services

Special Commitment Center

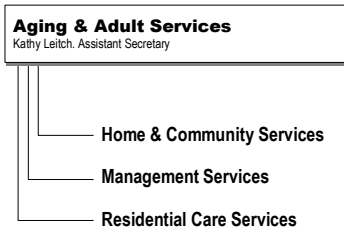
The state's Special Commitment Center provides comprehensive, rehabilitative therapy to civilly committed sex offenders in a constitutionally sound environment that protects the safety and welfare of the public, staff, and residents. During the next six years, key objectives of the program are to:

- ▲ Site secure community-based less restrictive alternatives for residents who successfully complete the treatment program.
- ▲ Further develop a vocational program, which will provide SCC residents with work opportunities and competitive employment skills when ready for court-ordered release.
- ▲ Increase community awareness and collaboration efforts.
- ▲ Maintain and strengthen effective oversight mechanisms to ensure continued overall program integrity.

Office of the Deaf and Hard of Hearing

Working closely with partners, the office provides several innovative systems to ensure barrier-free communication access for the state's 540,000 deaf and hard of hearing residents. In the next six years, the Office of Deaf and Hard of Hearing is focusing on:

- ▲ Coordination across all DSHS programs to provide for video relay interpreting services using digital broadband solutions for cost-effective reasonable accommodations and to network DSHS programs with regional and local community-based social service supports.



Public response

May 2002

"The problem now seems to be that we do not have enough healthy adults in our communities that possess the skills and/or resources to make healthy decisions. It all comes down to healthy families and children."

Program 050

Aging and Adult Services Administration

The Aging and Adult Services Administration is currently working with consumer advocates, providers, and other community partners to help families in Washington State anticipate, plan for, and manage their long-term care responsibilities. For those adults with chronic illness, cognitive impairment, and functional disability who need and are eligible for Medicaid, the administration envisions an increasingly integrated health/long-term care benefit program – one that delivers seamless health, mental health, and long-term care services. The program will be accountable for high standards of preventive health, service quality, continuity-of-care, economic value, and consumer satisfaction.

In the next six years, the administration will work to improve primary health care by:

- ▲ Collaborating with the Medical Assistance Administration and community partners to develop managed health care arrangements for all aged/blind/disabled clients who have a great need for timely and accountable medical attention.
- ▲ Organizing a stable approach to health care that will better support the role of family caregivers and facilitate the integration of mental health and long-term care services.
- ▲ Upgrading community-residential care models and strengthening home care programs to enhance scope of services, quality, and accountability.
- ▲ Developing a comprehensive program to address the multiple and complex needs of individuals with dementia and their caregivers.

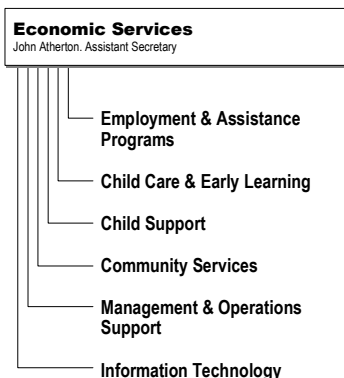
Program 060

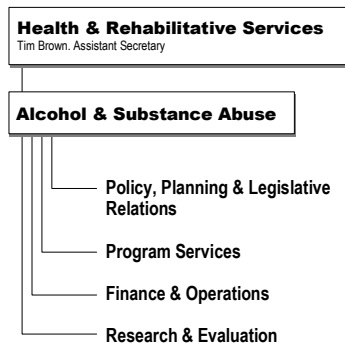
Economic Services Administration

The Economic Services Administration is working collaboratively to develop a cohesive, integrated system of aid and supports that recognizes the diverse and complex needs of low-income families and individuals – moving beyond traditional institutional boundaries to improve service access and quality.

For the next six years, the administration has set the following priorities:

- ▲ Building on the state's welfare reform success with WorkFirst – working in partnership with other state agencies, Tribes, and communities to provide families with the services they need to become self-sufficient.
- ▲ Improving access to safe, dependable child care services that promote healthy child development and family self-sufficiency.
- ▲ Continuing its success in improving the economic security of families and children through child support collections.
- ▲ Finding new, more efficient ways of doing business and improving customer service through the strategic use of technology.
- ▲ Building and sustaining a working environment that can attract, develop and retain a well-qualified and diverse workforce.





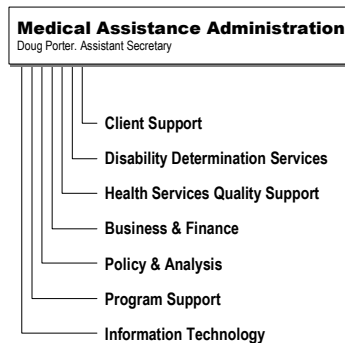
Program 070

Division of Alcohol and Substance Abuse

The Division of Alcohol and Substance Abuse will continue to strive to ensure the delivery of quality alcohol- and other drug-related prevention, intervention, and treatment services. These services and programs have been scientifically shown to result in more productive individuals, more secure families, safer and more vibrant communities, and a healthier state.

Strategic priorities include:

- ▲ Closing the gap between treatment need and provision of services.
- ▲ Providing treatment alternatives to incarceration.
- ▲ Expanding the reach of opiate substitution treatment programs.
- ▲ Reaffirming our commitment to science-based targeted prevention.
- ▲ Bridging the gaps between research, policy, and practice.
- ▲ Developing a strong prevention and treatment workforce.



Program 080

Medical Assistance Administration

The Medical Assistance Administration provides health care coverage for low-income families, pregnant women, children, the elderly, and persons with disabilities. Coverage is provided through six programs, the largest of which is the joint federal/state Medicaid program. Nearly 870,000 persons currently receive health care through these programs. One-third of all children in the state receive coverage through these programs. The administration's budget represents 41 percent of the department's total spending. The administration will be facing a significant challenge because the growth in medical expenditures cannot be sustained within existing state revenue sources.

Over the next six years the administration will be focusing on:

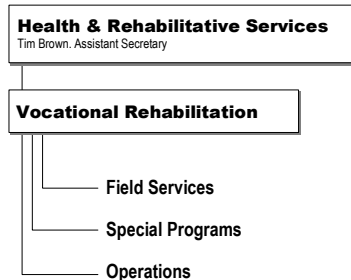
- ▲ Enhancing contracting capability with health carriers for the provision of health care services to families, pregnant women, and non-disabled children.
- ▲ Improving health service access, quality, care management, and service use for aged, blind, disabled, and General Assistance-Unemployable clients.
- ▲ Improving the state's ability to be an effective purchaser of health services.
- ▲ Strengthening information and fiscal monitoring systems to better manage programs.
- ▲ Enhancing the administration's capability to accurately determine client eligibility.
- ▲ Consolidating and integrating operations among other state agencies and within the department to enhance client services and be more cost effective.

Public response

July 2002

"A safety net of care/support for the most vulnerable populations should be our top priority. This includes children, the aged, and the sick."

Division of Vocational Rehabilitation

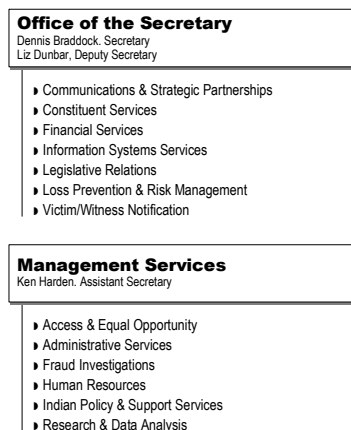


The Division of Vocational Rehabilitation provides effective vocational rehabilitation services resulting in employment that promotes self-sufficiency and self-determination for individuals with disabilities. The division is committed to providing these services to individuals with disabilities so that they can better integrate and fully participate in the social and economic mainstream that others take for granted.

Over the next six years, the division's primary strategic focus will be on:

- ▲ Increasing its Vocational Rehabilitation expertise.
- ▲ Expanding technological capacity.
- ▲ Ensuring that the division can serve a culturally diverse population.
- ▲ Improving the quality of services provided to customers.
- ▲ Partnering within the Workforce Investment system.

Administrative Support Services



Our Administrative Support Services supports the department's operations with staff that have responsibility for quality improvements, integration of human services, community relations, financial management, risk management, information technology, constituent services, and other core administrative functions. Strategic plans for this myriad of programs universally reflect the themes of service integration, administrative streamlining, and strengthened partnerships with other programs and providers.

Currently, Administrative Support Services is working to:

- ▲ Reduce lawsuit losses by holding managers and staff accountable for job performance and compliance with laws, regulations, policies, and procedures.
- ▲ Provide leadership and direction throughout the department for more strategic use of information technology to better support the agency's plans and goals, then helping the department find ways to implement these new technologies.
- ▲ Develop a technology infrastructure that supports e-commerce and electronic access to the department's services, including information technology policies, standards, and architectural guidelines.
- ▲ Curtail growth in the department's budget by implementing internal efficiencies and conducting more thorough audits of financial activities.
- ▲ Develop the department's workforce to meet the needs of our clients now and in the future.

An agency that cares about people . . .



2004 to 2009
Agencywide Strategic
Planning Highlights

Persons with disabilities or special needs may call the
Budget Information Line and request a hard copy:
360.902.8255

For additional
information

This document is also **available electronically** at
www1.dshs.wa.gov/budget.

Questions about the strategic planning process may be
directed to **Constituent Services** at:

1.800.737.0617

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